# DOCCR's Trauma-Informed, Culturally Specific Programs

*Annual Summary 2022-2023*

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# Background

Since fall 2017, Hennepin County Department of Community Corrections and Rehabilitation (DOCCR) partnered with Wilder Research to evaluate programs that focus on providing culturally responsive and trauma-informed programs for African American male-identified youth. The purpose of the evaluation is to gather information about the implementation and benefits of these programs, with a focus on preventing and intervening in juvenile justice system involvement.

## Programs

The following programs were funded during all or part of the 2022 and 2023 calendar years:

| Program name (and organization) | Years funded by DOCCR | Service type | Ages served |
|---|---|---|---|
| Ujima Family Resilience Program (Rebound, Inc.) | 2018-present | Prevention | 6-12 years old |
| Nia (NorthPoint) | 2018 | Intervention | 12-17 years old |
| Nia 2.0 (NorthPoint) | 2021 | Intervention | 18-24 years old |
| HOPE (Phyllis Wheatley)[a] | 2018-2022 | Early intervention | 12-17 years old |
| Nehemiah (Urban Ventures)[a] | 2020-2023 | Intervention | 15-19 years old |

[a] Due to the changing landscape of juvenile corrections in Hennepin County, HOPE and Nehemiah did not have enough referrals and were not included in the evaluation.

Each program has unique eligibility requirements as part of their funding from Hennepin County. For instance:

■ Ujima Family Resilience Program: Families must reside in North Minneapolis, have at least one Black male child age 6-12, and have some experience with traumatic stress. Ujima Family Resilience Program staff network with schools, organizations, and agencies in the North Minneapolis community to reach and recruit families to participate. Ujima also runs a cohort model, where a small group of families participates in a structured weekly curriculum for 12-16 weeks.

■ Nia: Participants are all African American males residing in or near North Minneapolis, age 12-17, referred by Hennepin County Juvenile Probation. Nia participants attend weekly groups, and staff check in with participants weekly. Nia accepts new participants into programming on a rolling basis.

■ Nia 2.0: Participants are African American males residing in or near North Minneapolis, age 18-25, referred by Hennepin County Juvenile Probation. Nia 2.0 participants attend weekly groups, and staff check in with participants weekly. Nia 2.0 accepts new participants into programming on a rolling basis.

# Evaluation work

Wilder Research is conducting an implementation and outcome evaluation for Hennepin County's programs working to improve the lives of African American, male-identified youth and young adults who are at-risk for involvement or currently involved with the juvenile system. While specific goals and outcomes for participants vary based on which program they access, common evaluation questions include:

- Do participants improve their connections to a positive support network (e.g., community resources, positive peer supports, positive adults) to prevent future involvement in the juvenile justice system?

- Do participants improve their ability to identify traumatic, stressful, and/or challenging life experiences?

- Do participants improve their ability to address and/or positively cope with traumatic, stressful, and/or challenging life experiences?

- Do participants feel grounded in their culture (e.g., improve positive feelings about African American culture, improve ability to call on cultural elements to cope with stress)?

- Do participants feel the program was culturally competent?

This report summarizes results from the participant interviews and post surveys during the 2022-2023 program year. We also summarize program data provided by the programs and present lessons learned from staff interviews. (It is important to note some data collection activities did not occur in 2022, largely due to the impact COVID-19 had on programs and their participants).

Lastly, to better understand trauma-informed care (TIC) for BIPOC male-identified youth involved in the juvenile justice system, Wilder conducted a literature review of key components of TIC. This review is included at the end of the current report, with selected findings threaded throughout the evaluation findings in callout boxes.

# Methods

In order to assess the programs, the following data collection methods were employed:

- **Program data:** Program staff provided Wilder Research with information about funding, program referrals, participant demographics, and discharge information.

- **Staff interviews:** Wilder Research conducted brief interviews with program staff to gather their insights on program implementation and lessons learned. Interviews were completed with a four staff.

- **Participant interviews:** Wilder Research conducted in-person interviews with youth and families. Youth and families were eligible for interviews after they have participated in the program at least nine weeks. The interviews asked youth and families to reflect on their experiences in the programs including what they learned and how they used what they learned. A total of 27 interviews were completed.

- **Participant surveys:** After completing the interviews, youth and families were asked to complete a short survey. Similar to the interviews, the survey asked about their experience in the programs, including how the program impacted them and their satisfaction with the program. A total of 21 youth and families completed the survey.

# Who was served in 2022-2023

|  | 2022 | 2023 |
|---|---|---|
| Number of new referrals | 65 individuals/family units | 65 individuals/family units |
| Number served[a] | 72 new individuals (65 youth and 7 parents/caregivers) | 73 new individuals (65 youth and 8 parents/caregivers) |
| Number of external referrals made[b] | Programs provided 95 referrals to external resources | Programs provided 59 referrals to external resources[d] |
| Number of successful program completions[c] | 24 youth and/or families | 19 youth and 3 families |

[a] This number exceeds the number referred because it includes the children of the parent or caregivers who were referred and then enrolled in services.

[b] External resources includes mental health, chemical health, health care, or pro-social activities (some individuals received more than one type of referral).

[c] Count from 2022 may include individual members of a family unit.

[d] Due to staff turnover, counts for referrals to external sources are incomplete or unavailable.

## *Demographics*

| | 2022 (N=65) | 2022 (%) | 2023 (N=65) | 2023 (%) |
|---|---|---|---|---|
| **Age at intake** | | | | |
| 0-11 years old | 18 | 28% | 13 | 20% |
| 12-17 years old | 28 | 43% | 29 | 45% |
| 18 or older | 19 | 29% | 23 | 35% |
| **Gender Identity** | 2022 (N) | 2022 (%) | 2023 (N) | 2023 (%) |
| Male | 58 | 89% | 59 | 91% |
| Female | 7 | 11% | 6 | 9% |
| Transgender/Other | - | - | - | - |
| Unknown/Not Available | - | - | 1 | <1% |
| **Race**[a] | 2022 (N) | 2022 (%) | 2023 (N) | 2023 (%) |
| Asian/Southeast Asian | - | - | - | - |
| Black/African American | 58 | 89% | 62 | 95% |
| Native American | 1 | 2% | 1 | 2% |
| White/Caucasian | 2 | 3% | 2 | 3% |
| Bi- or Multi-racial | 3 | 5% | - | - |
| Other | - | - | - | - |
| Unknown/Not available | 1 | 2% | - | - |
| **Ethnicity** | 2022 (N) | 2022 (%) | 2023 (N) | 2023 (%) |
| Latino/Hispanic | 1 | 2% | 1 | 2% |
| Non-Latino/Hispanic | 64 | 98% | 64 | 98% |

[a] This number may exceed number served for people who identify in more than one category.

# Evaluation results

## Staff perspectives of implementation successes and lessons learned

In February 2024, Wilder Research conducted interviews with program staff about their perspectives and experiences of program implementation throughout the 2023 grant year. Program staff shared the following successes and lessons learned.

- **Culturally responsive:** It is important to find culturally responsive curriculums. Most curriculums were developed by White providers who may live in a different environment. When using curriculums developed for other populations, it is necessary to adapt them to be more culturally responsive.

- **Mental health experience:** It works well when facilitators and speakers are those who have experience working in mental health, therapy, or social work. It is also helpful when facilitators can provide additional resources to families.

- **Database for tracking referrals:** An effective database for tracking referrals and their status with programs and services is helpful.

- **Reminder calls and parental involvement:** Providing consistent reminders to participants helps increase participation. Staff saw success in consistent phone calls and text message reminders as well as outreach to parents of youth.

- **Transportation supports:** Providing supports with transportation also contributes to increased participation.

- **Communicating with parole officers:** Consistent communication with probation officers, including emails and text messages, also helps increase participation. Reminding parole officers that the programs are there as a resource.

## Staff perspectives about barriers and needs participants face

Program staff were asked to provide information about their perceptions of the barriers the participants in the program faced, as well as the needs they have. Some of the themes that emerged include:

- **Systemic barriers:** Sometimes barriers include dealing with a system that still has a punitive approach rather than one that is trauma-informed, restorative, and strengths-based (e.g., schools and child protective services).

- **Legal and financial documents:** As youth transition to adulthood, they become responsible for obtaining legal and financial documents, including identification, social security cards, birth certificates, and documents pertaining to housing, jobs, and health insurance. Some youth do not have phones and this is a major barrier.

- **Basic needs:** Youth and families continue to grapple with basic needs including financial needs, food, transportation, and job opportunities.

- **Intensive mental health needs:** Families may need more intensive mental health supports, including in-home supports.

## Staff suggestions about how the county can support programs

Program staff also shared suggestions for how the county can better support their work.

- **Supports with referrals:** It would be helpful to have better access to an effective referral process when attempting to connect participants to other resources and supports in the community. For example, access to someone who can provide a warm-handoff to other programs and services ensuring that participants are able to access them.

- **Support for service expansion:** It would be helpful to have capacity to provide services in the home.

- **Technical assistance on using assessments:** Program staff would like technical assistance on how to use the assessment required by the county. For example, a guide for how to use the tool.

- **Increased information from probation officers:** It is helpful when probation officers consistently provide more information on the personal information forms, including details on contact information and the best way to reach a client.

## Youth and family perspectives

In 2022 and 2023, Wilder Research conducted in-person interviews with 27 youth and families who participated in the programs for at least nine weeks. The interviews asked youth and families to reflect on their experiences in the programs including what they learned and how they used what they learned. After the interview, youth and families were asked to complete a paper survey. Similar to the interviews, the survey asked about their experience in the programs, including how the program impacted them and their satisfaction with the program. A total of 21 youth and families completed the survey. The following section summarizes themes from the interviews and results from the surveys.

### *Youth and families described the programs positively*

In the survey, youth and families were asked to provide three words to describe their experience in the programs. The word cloud below is a visual representation of these words.



# Youth and family felt the programs provided positive support networks

### *Youth had a positive relationship with staff, and felt respected and safe sharing their thoughts*

In the survey, youth and families were asked about being treated with respect by staff and their sense of safety. All youth and families felt that they were treated with respect by staff and had a positive relationship with staff (Figure 1). All youth and families also felt safe sharing their thoughts and felt safe saying it if they did not want to share their thoughts.

### 1.  Experience with staff (N=21)

Existing research emphasizes the importance of promoting positive, caring relationships with peers, family, friends, and program staff and ensuring program environments feel safe and empowering (Bauer et al., 2022; Branson et al., 2017; Duncan et al., 2020; Esaki et al., 2013; Graham et al., 2017; Griffin et al., 2012; Hendricks et al., 2011; SAMHSA, 2014; Zettler, 2021).

## *Youth were treated with respect and felt safe sharing in groups*

In the survey, youth and families were asked how they felt in their groups. All youth and families reported that they were treated with respect by others in the group, with 81% strongly agreeing with this statement (Figure 2). All youth and families also felt safe sharing their thoughts in groups with 70% strongly agreeing. All youth and families felt comfortable spending time with other people in groups with 62% strongly agreeing with this statement.
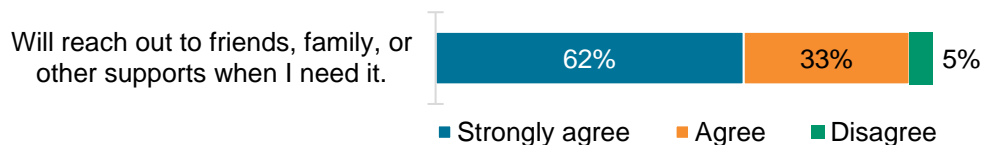
### 2. Experience in groups (N=21)
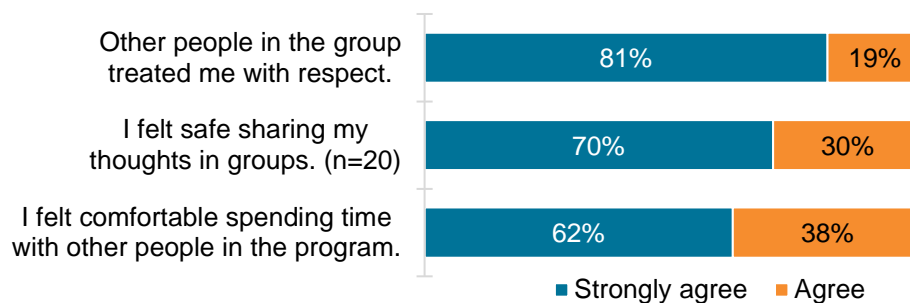


### *Most youth and families will reach out to others when they need it.*

In the survey, youth and families were asked to "think of where they are today" with reaching out to supports. Almost all youth and families agreed that they would reach out to friends, family, or other supports when they need it (95%, Figure 3).

### 3. Reaching out to supports (N=21)



In interviews, youth and families were asked if the program helped connect them with positive people or programs in the community. More than two-thirds said yes (70%) and described the people and programs they were able to connect with, including sports, art museums, African American history museum, theaters, aftercare programs, job programs,

driver's education, food banks, basic needs assistance, attorneys, legal aid, and other adults and families in the communities.

> *The adults I meet are good connections. I know they got my back.*
>
> *There's a group for moms but it could be for dads, too. They help with baby stuff like wipes, clothes, diapers, food. They help you with stuff you might not have and it's not out of your pocket—so it's helpful.*

# Youth and family mentioned the programs enhanced their ability to identify traumatic, stressful, and challenging life experiences

### Youth improved their understanding of how trauma can impact people

In the survey for Nia programs, youth were asked about their understanding of trauma. (Note: This question was not included in the Ujima survey). All youth reported that they increased their understanding of how trauma can impact people, with 53% strongly agreeing with this statement (Figure 4).

### 4.  Understanding of trauma (N=17)

While in Nia, I increased my understanding of how trauma can impact people.

| Strongly agree | Agree |
|---|---|
| 53% | 47% |
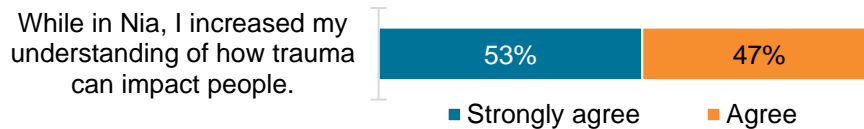
### Youth and families can better identify and understand their stressors

Youth and families were asked in the survey to "think of where they are today" with understanding their stressors. All youth and families reported that they can better understand the sorts of things that stress them out, with 67% strongly agreeing with that statement (Figure 5).

### 5.  Identifying stressors (N=21)

Better understand what sorts of things stress me out.

| Strongly agree | Agree |
|---|---|
| 67% | 33% |

In interviews, youth and families were asked if they noticed any improvement with their ability to understand or identify trauma. Almost all youth and families said yes, and some participants described how the concept of trauma was completely new to them. Participants shared the following about identifying trauma and stress.

> *Yes, I did not know there was such a thing about childhood trauma. I feel like I graduated from school. I never knew there was a thing like that.*
>
> *Yes, I've gotten better. I know how to handle myself through situations and problems. I know how to keep myself in a calm place to make me feel comfortable. When my adrenaline is popping fast, I know something is happening.*
>
> *I noticed a big difference. I used to be more easily upset and now I'm understanding that your emotions can affect the way you act. It can fall upon the daily decisions you make. Now that I get to talk about my childhood situation instead of keeping it in, I can ignore people now and de-escalate rather than getting angry with people who are mad at me. Just bringing my trauma into light has helped me for the better.*

However, two participants said they did not see an improvement with their ability to identify trauma and stress, with one saying they saw a little improvement and thought they needed more time in the program.

> *A little bit better. I can't connect with people how I used to. I've been through some stuff and I just can't talk about stuff. I don't know… I don't know how to express myself. I don't know how to talk to people. I just feel like people don't care about me. Maybe more time in this program will help.*

Existing research emphasizes the importance of providing psychoeducation about trauma and its impacts and building coping and emotion regulation skills (Bauer et al., 2022; Branson et al., 2017; Cénat, 2023; Clervil & DeCandia, 2013; Duncan et al., 2023; Ford & Russo, 2006; Griffin et al., 2012; SAMHSA, 2014; Zettler, 2021).

# Youth and family revealed the program increased their capacity to address and positively cope with traumatic, stressful, and challenging life experiences

## Youth and families use what they learn to deal with challenges

In the survey, youth and families were asked about using what they learned to deal with challenges. Almost all reported that that while they were in the program, they used something they learned to positively deal with challenges they faced.

### 6. Deal with challenges in positive ways (N=21)

While in Ujima/Nia, I used something I learned about positive ways to deal with challenges in my life.

| Strongly agree | Agree | Disagree |
|---|---|---|
| 57% | 33% | 10% |

## Youth and families feel hopeful and are better prepared to deal with stress

In the survey, youth and families were also asked about their future. All reported that they feel more hopeful, that they can find community resources to help them when they need it, and that they feel better prepared to positively deal with stress they may face in the future (Figure 7).

### 7. Hopefulness and resourcefulness (N=21)

| | Strongly agree | Agree |
|---|---|---|
| Feel more hopeful about my future. | 71% | 29% |
| Can find community resources to help me when I need it. | 62% | 38% |
| Feel better prepared to positively deal with stress that I may face in the future. | 52% | 48% |
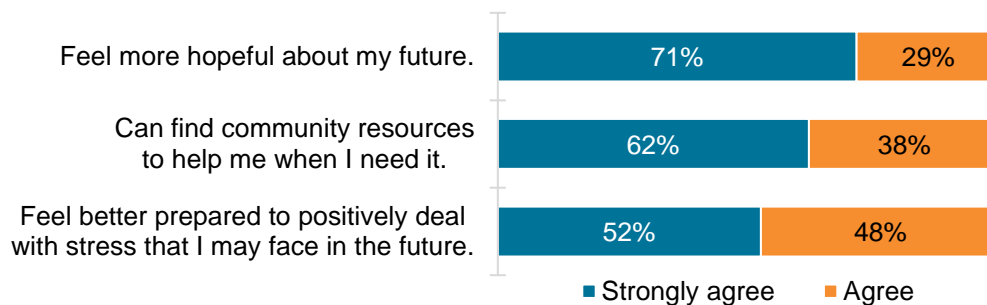
In the interviews, youth and families were also asked if they noticed improvement in their ability to cope or deal with trauma or stress. Three in four participants reported noticeable improvement with their coping skills (75%). Participants shared that they have gotten better at managing their anger and coping with stress. Youth and families mentioned that they are learning to let things go, to think before acting, and to calm down. Participants shared that they cope with trauma and stress by talking about it with others, taking a walk, reading, listening to music, writing, and drawing.

> *You can't really do anything to change what has happened to you, but you can change how you act.*

> *I'm better at coping. Before, I would isolate when something stressful happens or just think about it. Now, I talk about it with others. I am good with my coping skills now.*
>
> *I use to have memories that pop in my head and put me in a bad spot—now I know. I read a book and listen to music to help me take my mind off of it.*

One participant also described how they shared what they learn from the program with others.

> *Couple of my buddies and I play basketball. We argue here and there, and sometimes it turns physical. There was this time I took what I learned and told them to calm them. I separated them and told them to calm down and say they aren't thinking clearly. I share my lessons with others. I'm not perfect, and I make mistakes, but taking one step at a time.*

Another participant shared that they learned to ask for help when they need it.

> *Yes, I've gotten a lot better at it. Learning how to cope and understand it in a positive way … recently, when dealing with stressful situation, learning how to ask for help when I need it.*

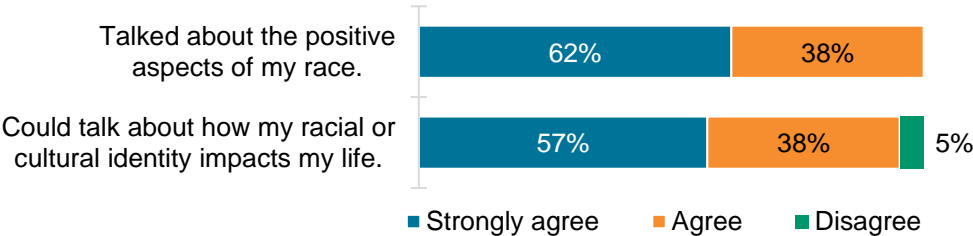One caregiver shared an example of using their skills to help a grandchild.

> *I used the coping skills they gave me and it helped a lot. My grandson was having a hard time at school and I used the skills I learned to help calm him down.*

# Youth and family felt the programs were grounded in culture

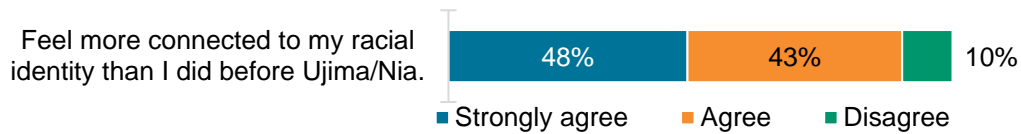### *Youth and families improved their grounding in Black culture and identity*

In the survey, youth and families were asked if they talked about their racial and cultural identity during their time in the program. All participants reported that they talked about positive aspects of their race (Figure 8). Almost all participants reported that they could talk about how their racial and cultural identity impacts their life (95%).

**8.   Talking about cultural and racial identity (N=21)**



Talked about the positive aspects of my race.
62% Strongly agree | 38% Agree

Could talk about how my racial or cultural identity impacts my life.
57% Strongly agree | 38% Agree | 5% Disagree

■ Strongly agree   ■ Agree   ■ Disagree

In the survey, youth and families were asked to "think of where they are today" and if they feel more connected to their racial identity before they participated in the programs. Almost all participants reported yes (90%, Figure 9). Those who disagreed shared that they were already connected to their racial identity before joining the programs and that their level of connection has not changed.

### 9. Connection to racial identity (N=21)

Feel more connected to my racial identity than I did before Ujima/Nia.

| Strongly agree | Agree | Disagree |
|---|---|---|
| 48% | 43% | 10% |

■ Strongly agree  ■ Agree  ■ Disagree

In the interviews, participants were asked if they talked about African American culture or identity in the programs and if it helped them to see this cultural identity as a source of strength. All youth and families said yes and many shared that much of group discussions were focused on the Black identity. Most shared that they do see their identity as a source of strength. Some shared that the programs did not necessarily help them see it as a source of strength because they already felt that being Black is a strength when they started the program.

> *Yes, it opened my eyes. We are all equal no matter our skin color. We are all the same. We all bleed red.*
>
> *Don't remember much about specific things. The program helped me see this cultural identity as a strength. Just learning how to be more confident because at times I usually am uncomfortable.*
>
> *It's every day when we come in—that's what the program is about—teaching our little Black boys to do self-care and self-love. And as a Black woman they teach me how to love myself and love my little boys. How to have love and teach them about the world. We talk about racial issues, we talk about everything. If it wasn't an African American group, I wouldn't feel comfortable. It was a safe space.*
>
> *I always believe my cultural identity is a source of strength.*

Existing research emphasizes the importance of ensuring that trauma-informed programming is culturally responsive and race-informed (Anderson & Stevenson, 2019; Bauer et al., 2022; Brittain Loyd & Williams, 2017; Comas-Díaz, 2016; Garo & Lawson, 2019; Graham et al., 2017; Grills et al., 2016; Huff, 2021; Jones & Neblett, 2017; Jones et al., 2020; Miller & McDaniel, 2021; National Child Traumatic Stress Network, 2017; Neblett et al., 2012; Umaña- Taylor & Hill, 2020).

# Youth and family provided suggestions for improvement

In the interviews, youth and families were asked how the programs could improve, including how programs can better help them make connections, identify traumas, and increase coping skills. Most participants said they did not have any suggestions for improvement because they are satisfied with all these areas. A few had the following suggestions:

- **Bigger groups are more interesting.** One participant would like a bigger group, stating that sometimes it can get boring when there are only two or three youth in groups.

- **Phone calls and text messages.** One participant shared that they would like to be reached through both phone calls and text because sometimes text messages are not coming through their phones.

- **More coping skills examples.** One participant would like more examples of how they can use coping skills.

- **Later start time for group.** One participant felt that 12PM is too early.

- **Include younger speakers.** One participant said they would also like to hear from younger speakers and facilitators.

One participant shared the following:

> *To be honest –Basically, like we talked about us Black kids and the Black grown men in prison. How the Black community is falling apart because of the violence. We talked a lot about the Black on Black violence, police brutality on Black people. We should have talked about Harriet Tubman, MLK, talk more about Black excellence, what we did and how strong we were, and how we survived all the foolishness.*

# Overall, youth and families were satisfied with the programs

In the surveys, youth and families were asked if they liked the programs. All youth and families agreed that overall, they liked Ujima and Nia (Figure 10).

## 10. Satisfaction (N=21)

| | Strongly agree | Agree |
|---|---|---|
| Overall, I liked the Ujima/Nia program. | 86% | 14% |

■ Strongly agree  ■ Agree

At the end of the interviews, youth and families were asked if they had anything else they would like to say about the programs. Many shared that they appreciated staff and the support they received.

> *It should be recommended to more people who are on probation. This program helps you a lot. It helps you in life, deal with things, and they are cool people. They help you take care of yourself. There are many people out there who need this type of help. I didn't even know about it. My friend told me about it, then he told me to talk to my PO, and I came to the program and here I am. – Youth program participant*
>
> *It's a good start for people who made mistakes in their lives at a young age. It can really help somebody. – Youth program participant*
>
> *I feel like the group we had was a blessing. I never had a dull moment here. They hit all the targets when it came to what the participants needed. Everyone here was meant to do this job. I feel like they picked a great staff to run this program. I don't have anything bad to say. – Parent caregiver of program participant*
>
> *These ladies walk in our shoes and can identify the challenges. They show us love. They show us calmness. They give us joy, happiness, and love. – Parent caregiver of program participant*

# Next steps

In 2024, Wilder Research will include interviews with other stakeholders such as probation officers and other referral staff. Wilder Research will also continue to interview and survey program participants. As needed, we will work with program staff and Hennepin County to adjust the interview and survey protocols to ensure that we are capturing information that is useful and helpful for programs and Hennepin County.

# Literature review: Trauma-informed care for BIPOC male-identified youth

To better understand trauma-informed care (TIC) for BIPOC male-identified youth involved in the juvenile justice system, Wilder conducted a literature review that outlines key components of TIC and describes several example programs.

## Components of Trauma-Informed Care programming

There is no universal definition of trauma-informed care (TIC), and TIC practices vary widely (Branson et al., 2017). However, researchers and providers have identified several components that are common within TIC programming, including:

- System, policy, and process changes
- Safe, strengths-based, and empowering program environments
- Training for providers
- Person-centered and holistic support and service navigation
- Building positive relationships
- Psychoeducation and skill-building
- Clinical interventions

### System, policy, and process changes

Researchers and practitioners emphasize the importance of considering trauma throughout service systems, policies, and processes, including ensuring they are responsive to trauma and its impacts (Branson et al., 2017; Hendricks et al., 2011; SAMHSA, 2014). These changes can range widely; examples include avoiding physical restraint and seclusion responses to behavior concerns, incorporating trauma-informed principles into written policies and organizational values, displaying mental health-related messages in the physical environment to address stigma, and implementing system-level changes related to other efforts, such as incorporating universal screening processes (Bauer et al., 2022; Branson et al., 2017; Hendricks et al., 2011; SAMHSA, 2014).

In a review of TIC juvenile justice system components, Branson and colleagues (2017) identified a common focus on promoting strong partnerships and cross-sector collaboration with service providers and systems to coordinate efforts, share resources, and improve care coordination and information sharing. Additionally, they described how many TIC programs prioritize ongoing evaluation and quality monitoring to measure impact.

### Safe, strengths-based, and empowering program environments

Similarly, it is critical that the program environment and culture provide a positive and healing space for youth. This includes ensuring programming empowers youth and encourages youth autonomy, promotes a sense of safety and avoids re-traumatization, involves collaboration with staff, prioritizes open communication, and is strengths-based (Esaki et al., 2013; Griffin et al., 2012; Hendricks et al., 2011; SAMHSA, 2014; Zettler, 2021).

### Training for providers

Training providers is also a common component of TIC to help prepare providers to work with youth with trauma histories (Branson et al., 2017). Content may cover a wide range of topics, including:

- How trauma affects development and behavior (Branson et al., 2017; Griffin et al., 2012; National Child Traumatic Stress Network, 2012; Olafson et al., 2018)

- Managing and responding to behavior concerns (Griffin et al., 2012; National Child Traumatic Stress Network, 2012; Olafson et al., 2018; Zettler, 2021)

- Building coping skills, managing secondary trauma, and compassion fatigue (Branson et al., 2017; Marr et al., 2015 Olafson et al., 2018)

### Screening

Identifying youth who have experienced trauma is critical to understanding their needs and ultimately supporting their resilience. In addition to ensuring trauma screening is conducted regularly and universally, it is important to conduct in-depth follow-up assessments for youth who report trauma histories and use screening and assessment information to inform the types of services youth receive to maximize impact (Branson et al., 2017; Dierkhising & Branson, 2016; Zettler, 2021).

### Person-centered and holistic support and service navigation

Researchers and providers also emphasize the importance of addressing youth needs comprehensively instead of focusing on needs specific to systems involvement, and that services and resources are tailored to individual youth (Ojeda et al., 2022). This often means providing supports and resources to help youth meet their basic needs, such as housing or food, and providing service navigation assistance (Bauer et al., 2022; Ojeda et al., 2022).

## Culturally responsive and race-informed

It is critical that TIC programming is culturally responsive and race-informed, which can involve:

- Providers and staff conveying cultural humility and explicitly acknowledging their own racial identities when working with Black youth and how that may impact their life experiences and worldviews (Comas-Díaz, 2016; Jones et al., 2020; Huff, 2021).

- Hiring Black providers and staff (Bauer et al., 2022; Jones et al., 2020; Brittain Loyd & Williams, 2017).

- Helping youth identify and process racial stressors, including understanding how stressors affect them and developing an intentional response and coping skills (Anderson & Stevenson, 2019; Comas-Díaz, 2016; Huff, 2021; Jones et al., 2020; National Child Traumatic Stress Network, 2017).

- Learning about and engaging in critical thought about racism and its manifestations, as this process can buffer feelings of shame and self-blame caused by internalized racism and ultimately encourage a sense of empowerment (Comas-Díaz, 2016; Miller & McDaniel, 2021; National Child Traumatic Stress Network, 2017).

- Providing education about African American history and culture and encouraging pride in youths' racial identities (Comas-Díaz, 2016; Garo & Lawson, 2019; Graham et al., 2017; Grills et al., 2016; Huff, 2021; Jones et al., 2020; Jones & Neblett, 2017; Miller & McDaniel, 2021; Neblett et al., 2012; Umaña-Taylor & Hill, 2020).

## Building positive relationships

Researchers and providers emphasize the importance of promoting strong, healthy relationships to build resilience and mitigate the negative impacts of trauma, including relationships with peers, providers, and family members (Bauer et al., 2022; Branson et al., 2017; Graham et al., 2017). Providers should strive to encourage supportive, collaborative, non-judgmental, and caring relationships with youth and between youth (Duncan et al., 2020; Graham et al., 2017). Additionally, TIC programming often involves family engagement, which can involve caregivers or other family members attending their youth's services, receiving family-based services, and connecting family members to services they may benefit from as individuals (Branson et al., 2017; Kowalski, 2019).

### Psychoeducation and skill-building

TIC also often includes providing education and skill-building components, including:

- Increasing understanding of trauma (Branson et al., 2017; Clervil & DeCandia, 2013; Duncan et al., 2023; SAMHSA, 2014)

- Increasing understanding of mental health (Bauer et al., 2022)

- How trauma affects the brain and how people respond to stress (Ford & Russo, 2006)

- Identifying strengths (Griffin et al., 2012; Zettler, 2021)

- Regulating emotions and managing stress (Cénat, 2023; Ford & Russo, 2006; Griffin et al., 2012; Zettler, 2021)

- Building coping skills and other sources of resilience to buffer negative impacts (Cénat, 2023; Clervil & DeCandia, 2013; SAMHSA, 2014)

### Clinical interventions

Researchers and providers have developed specific types of clinical therapies and interventions often used in TIC. They emphasize the importance of ensuring access to a wide range of mental health services, and that youth are connected with services most appropriate to their needs (Branson et al., 2017). While not a comprehensive list, these include:

- Cognitive behavioral therapy, particularly trauma-focused cognitive behavioral therapy (Cary & McMillen, 2012; Zettler, 2021)

- Family functional therapy (Zettler, 2021)

- Narrative therapy (Garo & Lawson, 2019)

- Aggression replacement training (Kowalski, 2019; Zettler, 2021)

- Eye movement desensitization and reprocessing (EMDR; Rhoden et al., 2019)

# Examples of TIC programming

Wilder identified several examples of TIC programming that may be helpful for Hennepin County to consider when modifying or creating new programming opportunities.

**TARGET**

TARGET (Trauma Affect Regulation: Guide for Education and Therapy) is a multi-session program for youth with trauma histories (Ford, 2016). It includes psychoeducation about trauma and how it affects the brain's stress response, which helps youth improve

their ability to identify and recognize stress triggers, and builds emotion regulation and problem-solving skills to improve responses to stress. The program also emphasizes the importance of staff and provider understanding and modeling of these concepts.

**University of California at San Diego's (UCSD) RELINK**

University of San Diego's Re-entry Community Engagement is a voluntary 6-month reentry program for BIPOC youth on probation that focuses on physical and mental health, access to health care, and building problem-solving and executive functioning skills (Ojeda et al., 2022). UCSD RELINK adopts a person-centered, tailored, and multidimensional approach to ensure youth needs are comprehensively met, including needs related to substance use, health insurance coverage, employment, education, and legal support.

**EMBRace**

EMBRace (Engaging, Managing, and Bonding through Race) is an intervention that aims to promote resilience and well-being among Black youth and families despite racial stress and related trauma. (Anderson et al., 2019) The intervention includes psychoeducation about trauma and racial stress, promoting positive messages about race and promoting positive racial identities within youth, building relevant skills such as managing stress, and building strong positive family relationships.

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